

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>J.H.</i>		<i>11/21/00</i>
O.I.P.E. CLASSIFIER	<i>Dr</i>	<i>32</i>	<i>2/9</i>
FORMALITY REVIEW	<i>AB</i>	<i>59383</i>	<i>12-27-00</i>
RESPONSE FORMALITY REVIEW		<i>59383</i>	<i>3-31-00</i>

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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